

1173

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

This return should preferably be made
by the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.

Place of Birth.....Globe.....County.....Gila.....No.....St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?		and		Number in order of birth
Female					

DATE OF BIRTH* May 12- ~~12~~x 1909
(Month) (Day) (Year)

FATHER
NAME Harold S. Duncan

MOTHER
NAME Agnes Louise Pohl

I HEREBY CERTIFY that the child described herein
has been named

Bernice Louise Duncan
(Give name in full) (Surname)

Harold S. Duncan
(Parent's Signature)

(Signature of Physician or Midwife)

* Items to be entered by the local registrar before giving out this form.

supplemental reports of birth may be obtained from the local registrar.

245-1173-123